BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number

10015361-1

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OF			OTHER THAN R SMALL ENTITY	
TOTAL CLAIMS			21					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			2 / minus 20=		*	1		X\$ 9=		OR	X\$18=	18. no
INDEPENDENT CLAIMS			3 minus 3 =		* 0			X42=		OR	X84=	U
ML	ILTIPLE DEPEN	DENT CLAIM PF					:	+140=		OR	+280=	U
* If	the difference	in column 1 is	ess than zero, enter "0" in colu			olumn 2	Į.	TOTAL		OR	TOTAL	X8.00
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST I							ı -	SMALL I	ENTITY	OR	OTHER SMALL I	THAN
AMENDMENT A	W	CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 732	Minus	** 2	<u>-l</u>	= 9		X\$ 9=		OR	X\$18=	36%
	Independent	* 3 NTATION OF MU	Minus	***	3 FCLAIM	= 0		X42=		OR	X84=	1
	THIOTTREOL	i i i i i i i i i i i i i i i i i i i		LINDLIN	·	<u> </u>		+140=		OR	+280=	
							,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	36€
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 93	Minus	** 6	19	= <i>D</i> .		X\$ 9=		OR	X\$18=	180
	Independent FIRST PRESE	* # NTATION OF MI	Minus JLTIPLE DEP	ENDEN	CLAIM	=		X42=		OR	E	86
								+140=		OR	+280=	
							ינ ג	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**				X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T CL AINA	=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140=									OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												